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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/612,124	
	Filing Date	July 2, 2003	
	First Named Inventor	DUGGER	
	Art Unit	3635	
	Examiner Name	Jennifer I. Thissell	
Total Number of Pages in This Submission	2	Attorney Docket Number	28498.00

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas A. Kulaga
Signature	<i>Thomas A. Kulaga</i>
Date	7-12-05

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Application Number	10/612,124
Filing Date	07/02/2003
First Named Inventor	Dugger
Art Unit	3635
Examiner Name	Jeanette E. Chapman
Attorney Docket Number	28498.00

Please check only one of boxes 1 or 2 below:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record. Registration Number 46,844
- ☐ attorney or agent acting under 37 CFR 1.34(may act under 37 CFR 1.34
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a continuing application, is checked). Attorney or agent registration number if
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Thomas A Kulaga
Signature

7-12-05
Date

Thomas A. Kulaga

Typed or printed name

865- 584 - 0105

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required. See below.

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